

1. CIR./DIST./ DIV. CODE <b>CAU</b>		2. PERSON REPRESENTED <b>FELIX, SCOTT EMERSON</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>CV-01-03138-WHA</b>		5. APPEALS. DKT./DEF. NUMBER <b>10-16984</b>	
7. IN CASE/MATTER OF ( Case Name ) <b>SCOTT EMERSON FELIX V. MICHAEL HENNESSEY</b>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> Petitioner - Appellant	
				10. REPRESENTATION TYPE ( See Instructions ) <b>HA</b>	
11. OFFENSE(S) CHARGED ( Cite U. S. Code, Title & Section ) If more than one offense, list (up to five) major offenses charged, according to severity of offense <b>28:2254</b>					
12. ATTORNEY'S NAME ( First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS  <b>MICHAEL CLOUGH 6114 LASALLE AVE., #833 OAKLAND, CA 94611</b>  Telephone Number <b>650-274-7764</b>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: <u>Mazur, Janice Ryan</u> Appointment Date: _____ I declare the above -named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears on 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other ( See Instructions )  Hon. Judge <u>Alvin</u> Signature Of Presiding Judicial Officer or By Order Of The Court <b>8/29/2012</b> Nunc Pro Tunc Date Repayment of partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>CLAIM FOR SERVICES AND EXPENSES</b>					
CATEGORIES (attached itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
In Court	15. a. Arraignment And/or Plea				
	b. Bail And Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other ( Specify On Additional Sheets ) (RATE PER HOUR = \$ ) TOTALS:				
Out Of Court	16. a. Interview and conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$ ) TOTALS:				
17. Travel Expenses ( Lodging, parking, meals, mileage, etc.)					
18. Other Expenses ( other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR TE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements..  Signature Of Attorney _____ Date _____					
<b>APPROVED FOR PAYMENT - COURT USE ONLY</b>					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28A. JUDGE/MAG CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE	